



State of Utah
DEPARTMENT OF COMMERCE
Division of Corporations & Commercial Code
Application for Reinstatement

File Number _____

Non-Refundable Processing Fee:	
<input type="checkbox"/> Profit	\$52.00
<input type="checkbox"/> Nonprofit	\$22.00
<input type="checkbox"/> Limited Partnership	\$52.00
<input type="checkbox"/> Limited Liability Company	\$52.00

(Business Entity Name)

*Please enter the business name under which the entity is being reinstated on the line above, however, if the entity is reinstating under a different name, please list that name on the line below:

(New Business Entity Name)

I, _____, hereby declare and affirm that
(Print Name)

I am a(n) _____ of _____,
(Officer, General Partner, or Member) (Business Name)

which was involuntarily dissolved on _____, 20____, under provisions of Utah law.

I hereby remedy all prior defaults and file herewith a current Registration Information Change Form listing the current entity principals together with the statutory reinstatement fee.

I hereby make application for reinstatement and request the Division of Corporations and Commercial Code of the State of Utah to issue a Certificate of Reinstatement and, under penalties of perjury, I declare that the foregoing statement is, to the best of my knowledge and belief, true and correct.

By: _____ Title: _____
(Signature)

Registered Agent Name, Address and Signature (Required):

I, _____, hereby declare and affirm that I am the **Registered Agent** of
(Print Name)

_____, and my address for service of process is:
(Business Name)

Street Address City Utah Zip
(Utah Street Address Required, PO Boxes can be listed after the street address)

Registered Agent Signature

Submit with this application a completed Registration Information Change Form reflecting the current principal information. Enclose a tax letter of Good Standing from the Utah Tax Commission (applicable to Corporation Profit and Nonprofit).

Payment: You may file in person, by mail or by fax. Means of payment are: Visa, Mastercard, or American Express, or cash, check, or money order payable to the "State of Utah". Please include one (1) self addressed envelope with application. If you are faxing you must include, on a cover sheet, the number of a Visa, MasterCard, or American Express with the date of expiration.

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.